Health Education for Preconception Women's Care Using Leaflet Media in Wedding Preparation

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Track Record Article

Accepted: 19 November 2023
Revised: 07 December 2023
Published: 22 December 2023

How to cite :
Rahmawati, D. W., & Rahayuningsih, F. B. (2023). Health Education for Preconception Women's Care Using Leaflet Media in Wedding Preparation. *Contagion : Scientific Periodical of Public Health and Coastal Health*, 5(4), 1329–1338.

Abstract

Educating women on aspects like physical changes, reproductive health, nutrition, fitness, and other crucial elements pertinent to marriage preparation through health education can offer accurate and updated information. The objective was to understand how health education through leaflet media impacts the knowledge and attitudes of women preparing for marriage. The research method employed a quantitative approach with a pre-experimental design, specifically a one-group pretest posttest design. This research will take place in September 2023 and is located at the Plupuh I Sragen health center. The study involved 30 adolescents divided into two intervention groups: Pre Test and Post test, utilizing pamphlets as the educational medium. Data analysis utilizes independent sample T-tests . The analysis revealed significant results in both groups: the Pre Test group with a mean of 1.40 ± 0.498 and the Post test group with a Mean of 1.73 ± 0.450. The analysis exhibited a P-Value of 0.009 (< 0.05), indicating a noticeable influence of health education using leaflet media on the knowledge and attitudes of women in their childbearing years preparing for marriage. In conclusion, utilizing leaflets for education purposes can serve as an effective alternative strategy in providing comprehensive and impactful information during marriage preparation and researchers suggest combining leaflets with other educational media so that the process of providing education is more optimal

Keyword: Health education, Leaflet, Marriage knowledge, Women of childbearing age

INTRODUCTION

Women of reproductive age refer to those who have active reproductive capabilities within their bodies. According to the World Health Organization (WHO), the reproductive age range spans from 15 to 49 years old. The fertility process in women generally begins earlier compared to men (Nasution, 2022). The peak of a woman's fertility occurs between the ages of 20 to 29, during which women within this age range have a 95% chance of becoming pregnant. However, at the age of 30, the likelihood of pregnancy decreases to around 90%. According to Barrow (2020) in 2019, there are around 1.9 billion women of childbearing age (15-49 years) worldwide. Globally, 1.1 billion need education in family planning programs. Meanwhile, in Indonesia alone, women of childbearing age occupy 31.36% of the population (Ba'ka et al., 2023).

The crucial role of women of reproductive age is paramount in establishing the foundation of a healthy and harmonious family unit. Wedding preparation marks a crucial stage in the life of a woman of reproductive age. A sufficient understanding of healthcare practices is an essential aspect to ensure the well-being and continuity of the family she is about to build.

Wedding preparation encompasses various facets, including physical, mental, and emotional readiness, as well as a solid understanding of reproductive health (Olson, 2020).

Health education is the process through which individuals acquire additional knowledge and skills through practical learning methods or personal guidance. Its aim is to heighten awareness of the significance of health, prompting individuals to consciously modify their behavior towards healthier practices (Hidayati et al., 2019). Several factors impacting knowledge include age, the ability to comprehend information, individual characteristics, educational level, living environment, social and cultural influences, information exposure, personal experiences, motivation, available informatio sources, personal interests, and occupational types (Ambarwati, 2023; Harini et al., 2019).

Insufficient knowledge among women of reproductive age regarding healthcare during their fertile period can result in less proactive attitudes toward maintaining their health. Hence, the delivery of information through health education or counseling related to the care of women of reproductive age is deemed highly significant in the efforts toward wedding preparation. This can potentially reduce the issues faced by women after marriage (Yulyana et al., 2022). Health education focused on the topic of women's reproductive care can provide accurate and up-to-date information regarding physical changes, reproductive health, nutrition, fitness, and other crucial aspects related to wedding preparation (Bukhari, 2020; Rahayuningsih, 2021). Previous research indicates that providing health education through print media has a significant impact on individuals' knowledge levels (Anggraeni et al., 2020).

Proper care during wedding preparation can yield significant benefits for women of reproductive age. This encompasses ensuring optimal reproductive health, optimizing physical and mental conditions, and aiding in overcoming challenges that may arise during the changes associated with marriage. While the care of women of reproductive age during wedding preparation plays a crucial role, research specifically focusing on this topic remains limited (Farxadovna, 2023). Insufficient in-depth knowledge about appropriate and effective care can lead women of reproductive age to face challenges that may affect their quality of life during the wedding preparation period (Aisy, 2022; Utami et al., 2019).

A study conducted by Birech in 2013 showed that women with higher education have greater opportunities to enhance personal and family well-being sustainably compared to those without education. Additionally, one of the influencing factors is cultural background (Sulastri & Nurhayati, 2021). Therefore, it is crucial for these women to possess adequate knowledge about the required healthcare during the wedding preparation period. Community service methods involving health education through lectures, discussions, and Q&A sessions are

among the strategies to enhance understanding of healthcare among women of reproductive age preparing for marriage (Ayanto et al., 2022).

The results of the preliminary study show diverse perspectives and levels of knowledge among women of reproductive age regarding health care in preparation for marriage. Factors such as access to information, local culture, and the role of healthcare influence this knowledge. Data obtained in a preliminary study at the Sragen health center through interviews with several women of childbearing age show that there are still many women of childbearing age who do not have knowledge in self-care when going through marriage which can have an impact on their lives after marriage.

Problems that arise include cases of sexually transmitted diseases found in couples who marry at a young age in the work area of Pueskesmas Sragen due to the absence of a thorough examination of the reproductive health of couples and there are still cases of ignorance of mothers in the process of parenting. Therefore, this study aims to make a valuable contribution in identifying the effectiveness of health education programs and offering useful recommendations for the development of better health education strategies for women of reproductive age. Based on the problems outlined, the purpose of this study is to understand the characteristics, age, gender, level of education, and influence of health education by using leaflet media on the care of women of reproductive age regarding their knowledge and attitudes in preparing for marriage.

METHODS

This study adopts a quantitative approach using the pre-experimental method with a one-group pretest-posttest design. This research will take place in September 2023 and is located at the Plupuh I Sragen health center. The sample population comprises 30 women of reproductive age within the working area of Puskemas Plupuh I, selected through total sampling technique. The measurement instrument in this study comprises a knowledge questionnaire designed by the researcher, validated, and tested for reliability, demonstrating high validity and reliability (Cronbach's Alpha 0.919). Leaflets serve as the educational medium. Data analysis involves univariate analysis to illustrate respondents' age, gender, and educational characteristics. Meanwhile, bivariate analysis will delineate the differences in knowledge levels (mean, SD, mean difference, 95% CI, p-value) between the pretest and posttest groups and the impact of leaflet utilization on the understanding and attitudes of women of reproductive age preparing for marriage. Data analysis utilizes independent sample T-tests to examine the influence of health education through leaflets on the knowledge and

attitudes of women of reproductive age preparing for marriage. Data analysis using SPSS application.

RESULTS

The results of the study involving 30 participants are presented in Table 1, encompassing descriptive analysis to depict participants' characteristics. Bivariate analysis will be conducted to understand the differences in respondents' knowledge levels between the pretest and posttest groups, as well as the impact of using leaflet media on the understanding of care for women of reproductive age preparing for marriage.

Table 1. Distribution of Respondent Characteristics

Characteristics	f	%
Age		
20-22 tahun	10	33.3
23-25 tahun	20	66.7
Total	**30**	**100**
Education		
High School	16	53.3
Diploma	6	20.0
Bachelor's Degree	8	26.7
Total	**30**	**100**
Occupation		
Self-employed	10	33.3
Private Employee	11	36.7
Undergraduate Student	3	10.0
Entrepreneur	6	20.0
Total	**30**	**100**

The results of respondents' demographic characteristics showed that the majority of respondents aged 23-25 years as many as 20 people (66.7%). Most of the respondents have a high school education background, with 16 individuals or 53.3% of the total respondents. Meanwhile, there is a smaller distribution for higher education, with 26.7% having completed high school and 20% holding a diploma. In terms of occupation, the majority of respondents work as private employees, accounting for around 36.7%, followed by self-employed individuals at 33.3%, entrepreneurs at 20%, and undergraduate students at 10%.

Table 2. Knowledge Distribution According to Pre-test and Post-test Measurements

Variable	Mean	SD	SE	95% CI	P Value	N
Knowledge						
Pre test	1.40	.498	.091	0.579-0.088	0.009	30
Post test	1.73	.450	.082			30

The average knowledge score during the pre-test measurement was 1.40 with a standard deviation of 0.498, whereas during the post-test measurement, the average knowledge score

was 1.73 with a standard deviation of 0.450. The difference in mean between the pre-test and post-test measurements was recorded as 0.33. The statistical result indicates a p-value of 0.009, signifying a significant difference between the pre-test and post-test.

DISCUSSION

Increasing knowledge for women of childbearing age plays an important role in the process of preparing for marriage, it aims to reduce the risks that arise when living life after marriage and also reduce the risk of health problems that occur. The results of respondents' demographic characteristics showed that the majority of respondents aged 23 years as many as 8 people (26.7%). Furthermore, the distribution of educational levels shows that the largest number of respondents have a high school education background, accounting for 16 individuals or 53.3%, while 26.7% and 20% have completed high school and diploma education, respectively. As for the distribution of occupations, the majority work as private employees (36.7%), followed by self-employed individuals (33.3%), entrepreneurs (20%), and students (10%). These findings align with Nuraini et al., (2021) indicating an average age of 23.7 for couples, with the majority holding high school diplomas.

Psychologically, marriage preparation requires three key characteristics: social maturity, motivation, and adequate information. Pre-marital education offers an opportunity to promote life skills for couples (Sekarayu & Nurwati, 2021). The factor of age becomes crucial in marriage readiness. Unpreparedness for marriage can pose a risk factor for psychological issues among women of reproductive age. According to Rahayuningsih (2023), risk factors for psychological problems during the postpartum period include a history of mental disorders, stress during pregnancy, lack of social support, and economic issues. Symptoms vary, ranging from mood swings, anxiety, sleep disturbances, to severe symptoms such aspsychosis.

The findings are consistent with the study by Ningtyas (2018) which indicated that the average age range of respondents was between 25.71 to 27.79 years. The distribution of educational levels showed that the majority had a high school education background, with 45 individuals (48.9%). Only 2 respondents (2.2%) had a college education. Additionally, there were 17 individuals (18.5%) with elementary education and 28 individuals (30.4%) with junior high school education. Most of the respondents, comprising 48 individuals, did not have permanent employment. Similarly, in the study by Sari (2020) the research findings indicated the knowledge levels of women of reproductive age ranged between 20 to 35 years old. These factors were based on the maturity attained across various aspects, especially considering their reproductive organs functioning optimally.

Training in life skills promotes mental and social capabilities, aiding individuals in effectively managing their life situations. Moreover, pre-marital education enhances individuals' abilities to handle life circumstances, recognizing themselves, and preparing for marriage, which comprises emotional, social, spiritual, role, age, sexual, and financial readiness (Hasanah et al., 2022). Additionally, reproductive health preparedness since pre-marriage can reduce unintended pregnancies and diminish abnormalities during pregnancy, childbirth, and the postpartum period. Therefore, pre-marital preparation programs become a crucial component in pregnancy planning (Rohmatika et al., 2021).

The average knowledge score in the pretest measurement was 1.40, with a standard deviation of 0.498. In the posttest measurement, the average knowledge score increased to 1.73, with a standard deviation of 0.450. The mean difference between the pretest and posttest measurements was 0.33, with a 95% confidence interval ranging from 0.088 to 0.579. Statistical analysis resulted in a p-value of 0.009, signifying a significant difference between the pretest and posttest. These findings align with previous research. Sianturi (2020) found that women of reproductive age (WRA) receiving education using leaflets tended to have better knowledge. This was further supported by previous research by Kumalasari (2020) indicating that health education conveyed through leaflets had a significant impact. This indicates that health education for women of reproductive age is effective in increasing knowledge levels, especially as leaflets allow information to be revisited after educational sessions. Leaflets are considered tools designed based on the principle that human knowledge is acquired through the use of the five senses (Hastuti et al., 2021). The research findings of Hidayati (2022) also indicate that the use of leaflets can be an effective option in health education delivery.

The research findings by Dewanti & Rahayuningsih (2022) also indicate that leaflets can serve as one of the mediums utilized to enhance knowledge due to their ease of use and portability, enabling them to be carried anywhere. The study by Yelvita (2022) further demonstrates that leaflets contribute to knowledge enhancement. Although their effectiveness might be comparatively lower when compared to audiovisual media, this does not diminish the leaflet's role as an educational tool. Combining the use of leaflets with other methods might be necessary to maximize educational outcomes, thereby aiding in augmenting the knowledge of the respondents.

An effective leaflet can be recognized by its use of easily comprehensible language, intriguing titles, and the integration of text and visuals tailored to the target audience. The widespread distribution of these leaflets proves to be a beneficial way to disseminate information among women (Sagoba et al., 2022). Leaflet media holds several advantages,

including being visually appealing, easily comprehensible, more concise in delivering informational content, stimulating imagination in understanding leaflet content, and being accessible to a broader audience. Knowledge dissemination can occur through various means and media, such as through internet or print media, allowing information to be understood by women of reproductive age (Achjar et al., 2023)

Research by Asih (2023) indicates that an individual's knowledge significantly influences their behavior. In enhancing the awareness of women of reproductive age regarding self-care when preparing for marriage, providing knowledge aligned with the established objectives becomes pivotal. The level of education also stands as a crucial factor in formulating the best strategies to initiate behavior change (Mutabazi et al., 2023). According to Fegita (2022) individuals with higher levels of education find it easier to accept and adapt to new concepts or information. This finding is supported by Nugroho (2019) stating that individuals with higher levels of education tend to be more inclined to embrace and comprehend new aspects, including knowledge related to pre-marital care among women of reproductive age (WRA).

According to Sianturi (2020), research findings often reveal that respondents given leaflets do not fully read them, leading to a lack of comprehensive understanding of their content. The study indicates that leaflets typically follow a one-way communication pattern in education, making it challenging to evaluate their success due to participants passive behavior. This observation is supported by Ayanto (2022), stating that the use of leaflets failed to enhance understanding, attitudes, and actions related to early detection of cervical cancer. However, this contrasts with findings from other research by Sagoba (2022), indicating an impact of health education on adherence to the six steps and five moments of handwashing for patient families at Roemani Muhammadiyah Hospital in Semarang. Health education also positively affected the quality of life for mothers Rahayuningsih (2023) The same study by Sianturi (2020) concludes that counseling using lecture and demonstration methods improved knowledge, attitudes, and handwashing skills with soap. In the process, leaflet media can indeed be a means for educational education, but the results cannot significantly increase knowledge, a combination of using other educational methods or media is needed to increase the results of increasing knowledge more optimally.

CONCLUSIONS

Health education using leaflets regarding care for women of reproductive age has an impact on the knowledge and attitudes of women preparing for marriage. The leaflet as a health education medium can serve as a means of providing information to women of reproductive age due to its ease of use and comprehensibility. With an engaging design, leaflets can be a favorable alternative for educational purposes in providing information to this demographic and researchers suggest combining leaflets with other educational media so that the process of providing education is more optimal.

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